## FINAL BILL REPORT ESSB 5229

## C 276 L 21

Synopsis as Enacted

**Brief Description:** Concerning health equity continuing education for health care professionals.

**Sponsors:** Senate Committee on Health & Long Term Care (originally sponsored by Senators Randall, Das, Keiser, Lovelett, Nobles, Wilson, C., Dhingra, Hasegawa, Kuderer, Nguyen and Stanford).

Senate Committee on Health & Long Term Care House Committee on Health Care & Wellness

**Background:** Continuing education for health care professionals consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that health care professionals use while providing services. In Washington, licensed health professions are subject to continuing education requirements established by the rule-making authority and in statute for each health profession. Generally, the rule-making authority determines the education subject matter, minimum and maximum number of hours in specified subject matter, and how to obtain approved continuing education programs. The Legislature has also adopted continuing education requirements for health professions on specific topics, including head injury prevention and suicide prevention, treatment, and management.

**Summary:** By January 1, 2024, health care professions that are subject to continuing education requirements must adopt rules requiring licensees to complete health equity continuing education training at least once every four years.

Health equity continuing education courses may be taken in addition to or, if a rule-making authority determines the course fulfills existing continuing education requirements, in place of other continuing education requirements imposed by the rule-making authority.

By July 1, 2023, the Secretary of Health and rule-making authorities shall consult with professional organizations, patients, and communities who experienced health inequities or racism in the health care system to develop health equity course information and must

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provide information to licensees regarding available health equity courses. The information should include a course option that is free of charge to licensees. Rule-making authorities may adopt rules to determine if courses not included in the information meet the continuing education requirement.

By January 1, 2023, the Department of Health (DOH), in consultation with boards and commissions, shall adopt model rules establishing the minimum standards for continuing education programs meeting the requirements of this section. DOH must consult with patients or communities with lived experience of health inequities or racism in the health care system, relevant professional organizations, and the rule-making authorities in the development of these rules.

The minimum standards for continuing education programs must include instruction on skills to address the structural factors—such as bias, racism, poverty—that manifest as health inequities. These skills include individual-level and system-level intervention, and self-reflection to assess how the licensee's social position can influence their relationship with patients and their communities. These skills enable a health care professional to care effectively for patients from diverse cultures, groups, and communities, varying in race, ethnicity, gender identity, sexuality, religion, age, ability, and socioeconomic status and other categories of identity. Courses must assess the licensee's ability to apply health equity concepts into practice.

Potential course topics include, but are not limited to:

- strategies for recognizing patterns of health care disparities;
- intercultural communication skills training;
- implicit bias training;
- methods for addressing the emotional well-being of children and youth of diverse backgrounds;
- ensuring equity and antiracism while delivering medical care or therapies;
- · structural competency training; and
- cultural safety training.

## **Votes on Final Passage:**

Senate 35 14

House 57 41 (House amended) Senate 33 15 (Senate concurred)

Effective: July 25, 2021